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ABSTRACT

This is the first of four volumes of a study designed to seek and describe formal child care arrangements of good quality and to investigate the cost of reproducing these centers and home care arrangements. The twenty centers and systems described include centers all around the country: on Indian reservations, in the inner city, in hospitals, rural settings and migrant communities. Sponsors range from welfare departments to labor unions. This volume presents an overview of each of the twenty centers. Appendixes comprise 7/8 of the document. Appendix A is concerned with general program information, notable program elements, child and family characteristics, funding and expenditures. Appendix B contains summary center descriptions and cost data. (AJ)



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DAY CARE PROGRAMS
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VOLUME I: FINDINGS

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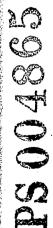
Stephen J. Fitzsimmons and Mary P. Rowe

from

A STUDY IN CHILD CARE

sponsored by

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Many persons contributed their efforts to the achievement of this study of quality child care in the United States.

Mr. Paul Grigorieff and Miss Lynn Thompson served as overall project coordinators. Mr. Richard Ruopp was supervisor of the Case Studies. Mr. David Warner and Mrs. Mary Rowe directed the cost analysis. The analysis of quality in child care, and of staff and center operations, involved Dr. Jeffrey Travers, Dr. Evelyn Glenn, and Mrs. Virginia Demos. Analysis of data on both individual programs and across the centers was assisted by Dr. Richard Anderson, Mrs. Patricia Bergstein, Miss Brigid O'Farrell, Mrs. Sally Zeckhauser, Mrs. Jane Ward, and Miss Patricia Cook. Invaluable editorial assistance was provided by Mrs. Chris Jerome and Mr. John Jerome.

Major contributions were made throughout the study by Dr. Walter Stellwagen and Dr. Morris Shepard of the Office of Economic Opportunity.

Special thanks go to Miss Carol Sue Duncan, Miss Nancy Sievert, Miss Frances Pretty Paint, Miss Rosemary Wilson, and Miss Patti Berns for invaluable administrative and clerical support. Finally, we wish to express our thanks to the staff and children of the child care centers studied who provided the basis for an analysis of quality child care.

Stephen J. Fitzsimmons, Ph. D. Project Director
Cambridge, Massachusetts
April 1, 1971



VOLUME I

FINDINGS

They are Indian, they are Black, White, Chicano, Oriental, Senior citizens and teenagers, former public school teachers and housewives and social workers, babies and toddlers, boys and girls, men and women. They're isolated in the hills and hollows of Kentucky, passing through migrant camps as they follow the harvest, crammed into the tenements of Manhattan. They're America's working poor, her middle class, her welfare recipients. Some are young mothers, some are divorced, some are foster parents, some preside over large and boisterous families and others have found themselves widowers with young children to raise. Some of the kids don't get enough food and others don't get enough love. Some are old enough to talk but can't; others speak Spanish, Navajo, Ute, Ibo, Chinese, Italian, or English. What all of these people--from 8 months to 80 years old--have in common is child care in America. They are the people who staff and operate child care programs and the children and their parents who use child care. They number in the hundreds of thousands and every day their ranks are swelling.

This OEO contract to investigate, describe and estimate costs for "quality child care" comes at a time of mounting national interest in the subject. There are many research studies documenting the importance of early childhood in the later development of the individual.

When using terms such as "good" and "quality" in describing centers, we do not mean to imply that all aspects of center operation are outstanding or that elaborate programs were provided. Usually the centers were safe, the children properly fed and behaving normally for their age. In addition, at least one aspect or program of the center was notable (being well-known or felt by us to be the equivalent of a well-known program).



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Still others have investigated early childhood curriculum development, compensatory feeding, and health care for children. A few have been concerned with women in the labor force: the Census' tell us that the labor force of 1971 is at least 40% women, whereas in 1948 only 10% of the labor force was women. In addition, at least 40% of mothers who have children under 18 are working now, in contrast to the 10% of such mothers in 1948. The cold facts point to a very basic and human concern: how are our children being cared for?

Rough answers to this question are now emerging. OEO has recently sponsored national child care demand and supply surveys. 1 Massachusetts parents were queried about their need for and use of child care. 2 These surveys update the 1965 study on Child Care Arrangements of Working Mothers 3; together, they give us a clearer picture of the child care presently in use in this country. At least half of America's children under six years of age are now regularly cared for (at least part-time) outside their own homes. At least that many are regularly cared for by someone other than their parents. Most of these arrangements are non-monetary: parents barter, pay in services, or do not pay. Most of the parents who need child care have little money, and can use child care centers only if there are heavy subsidies. Not surprisingly then, while demand for child care appears very strong, the use of centers is presently very limited.

But demand for formal child care is growing. In 1965, group and center care accounted for no more than 3% of working-mother arrangements.

³ Spendler and Low, Child Care Arrangements of Working Mothers, Women's Bureau and Children's Bureau, 1968.



¹ In progress under contract with Westinghouse Learning and Westat Research, Inc.

Massachusetts Early Education Project survey, Nichols House, Harvard Graduate School of Education, Appian Way, Cambridge, Massachusetts, 1971.

The Westinghouse-Westat survey indicates that many more such arrangements are now formalized, and this does not include the use of child care by non-working parents. Moreover, national concern is growing at the Congressional level. Many different child care bills will be brought to the next session: the FAP day care legislation is only the most prominent of many.

Hence OEO's concern with "quality child care," How can it be described? How can it be provided? How much does it cost? Some general answers indicated by our study are these:

- (1) Good and excellent child care come in many forms, varying with respect to parents' and providers' values and the resources available. We find there is no one kind of "quality child care:" there are many.
- (2) Good and excellent child care are now being offered by a wide variety of sponsors: welfare departments, inner-city community organizations, private industry, religious groups, research foundations. Within school departments, on Indian reservations, in private homes, in the ghetto, in migrant camps, in the suburbs, good child care is to be found in heartening profusion.
- (3) Good and excellent child care are very hard to guarantee. The wide diversity described above has one common thread: enormous human effort lies behind every center we visited. Like other studies, this report has a few hypotheses about standards, but the most important aspect of quality child care is the human effort and devotion which are its chief characteristics: a child care center is its director and staff.
- (4) It's expensive to provide good and excellent child care.

 People accustomed to costs in lower-quality public schools, people who have seen only part-time child care or who have worked with volunteer



child care, are likely to be taken aback by the real cash costs of full-time care for young children. Costs of child care in our survey range from \$1,200 to \$4,100 per child per year. (No centers were caring entirely for infants, who as a group are even more expensive to care for.) About four-fifths of the real costs of child care are personnel costs; variations in per-child costs are therefore highly predictable. Knowing the staff-child ratio at a given center and where in the country it is located allows one to predict within narrow limits how much the given arrangement will cost. Thus the staff of a child care center is its principal aspect with respect both to quality and cost.

Purpose and Scope of This Study

The purpose of this study was to seek out and describe formal child care arrangements of good quality. An additional charge was to investigate the cost of reproducing the centers and home care arrangements visited.

Limited time and resources were available, which meant that a longitudinal study of a random sample of American child care centers and systems was not feasible. Moreover, to draw a good sample, we would have had to wait for an analysis of the Westinghouse-Westat survey of present supply. Only a very expensive, long-term project could really determine what quality in formal child care arrangements is. This short-term study does not attempt to settle the highly controversial issues in the field. Rather, it was assumed from the outset that many well-known child care centers are doing a good job, and that these centers could be described. Recognizing the wide diversity of groups interested in providing child care, we decided to include facilities of many different kinds. In Volume II, the reader will find case studies of centers and systems located all around the country, studies which describe child care on an Indian reservation, in the inner city, in a



hospital setting and in mobile trailers serving migrant communities, to name a few (see Tables I and III in this volume). Seven systems, some with and some without home care, are included. As mentioned above, sponsors range from welfare departments to a labor union. Many programs are part of multi-service community agencies, and more than half offer extensive supplementary services for the whole family: counseling, health, job training and the like.

Each of the twenty centers studied is providing what we consider to be good child care. Starting from an original list of hundreds of centers, we selected forty for an initial visit and site report. We believe that the twenty which are described in depth are among the better centers of their kind in the country. Our observers felt that some were truly excellent, by virtue of the happiness of the children, the warmth and dedication of the staff, and the enthusiasm of the parents.

Descriptive studies, which basically compile enough information so that informed hypotheses can be drawn for other research, are often reported in case study format. We follow this tradition in presenting the case studies of Volume II. The careful reader will notice many similarities and patterns among the twenty. Our own analysis of the common structure and characteristics of these twenty centers, plus three center designs for 25, 50, and 75 children, are presented in Volume III: Cost and Quality Issues. This volume will be of particular interest to prospective center operators, government planners and further researchers.

Those interested in the research methods, the data collected and the analysis of this data are referred to Volume IV: Technical.

This volume contains a description of our statistical methods, four summary tables, and a concise outline of questions for further research.

Taken together, these four volumes present a description of good formal child care, an analysis of common characteristics and structures, summaries of basic data and methods, and a note on what we have and have not learned.

An Overview

General findings of our study have been presented above: good child care is diverse, it is provided by many different sponsors, it takes very great effort, and it is expensive. Bearing in mind the special nature of the sample we studied, more specific conclusions are presented below.

Children, Staff and Parents

Children in our "good" child care centers are generally happy, cooperative and self-reliant, with little crying or withdrawal. Parents generally report these children to be at least as happy as ever at home. The adults in these centers are typically responsive, supportive and warm. They encourage children in individual pursuits without much intrusion, and they are particularly supportive of language development. Positive adult behavior (praise, one-to-one attention, constructive redirection) was felt by observers to be associated with happy children: negative adult behavior (coldness, hostility, intervention without redirection) was associated with unhappy children.

Most children spent between six and ten hours a day in a center; they were typically divided into groups of from eight to twenty-one children. Staff-child contact hour ratios varied from 1:3 to 1:10 (see Table III); most children's groups had at least two teachers. (These proportions of staff to children are considered very favorable in contrast to public kindergartens and Head Start programs.) Many center staffs included men teachers and teenage and senior citizen volunteers. These staff members were considered particularly valuable.



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We found that the staff-child ratio is a principal indicator of good care. The ratio of administrative staff to children appears as important as that of teachers to children because maintaining a warm atmosphere, time for each child, and a spirit of cooperation are largely dependent on having enough support staff. We also believe that larger centers have more difficulty in maintaining warmth. Protecting this ratio is important especially in multi-service centers with many programs or in isolated areas where support resources are limited.

One of our more striking findings has been that formal educational qualifications of staff are not associated with excellence of staff. Directors believe it is important to train on-the-job, to recruit men and community residents, but above all to recruit warm and responsive teachers.

We conclude that, in general, personnel funds should be spent on ensuring enough staff members rather than emphasizing staff with degrees. Supplementing staff with volunteers is a widespread and apparently successful practice (see Table III).

We found that directors of child care centers are very important to the success of these operations. They provide direction, purpose, support. They fill in for resources the center might be unable to afford, working 50 and 60 hours a week in some cases. It may be that in this highly labor-intensive field, maintaining a director-child ratio is as important as any other policy. The supply of directors may, however, be limited: while directors report little difficulty in recruiting staff, boards of directors report great difficulty in recruiting capable directors.

Parents were involved in child care in many different ways.

Some centers have parents making all major policy decisions: in others, parents operate in advisory capacities. In still others, parent groups are basically social. Parents participate as volunteers, as recruiters and donors of support and resources. All centers systematically report



children's progress to parents; many regularly make formal evaluations, encourage parent conferences and participation. Parents are also involved in many of the supplemental programs noted in Table II.

Program Structures and Budgeting

All center and system budgets and program descriptions were turned into functional form. To do this, we determined what percent of the budget of each center is spent on child care, administration, feeding, rental, health, transportation and supplemental programs. The reader may check any case study, and the model programs presented in Volume III, to see approximately how much it costs to provide these services.

A glance at center and model program budgets will also help resolve the apparently wide variation in costs per child-year (see Table IV). At first glance, the range seems very broad. But subtracting the costs of supplemental programs (most of which serve adults rather than children), makes these variations somewhat smaller. About 80% of all cost variation in the remaining standard core programs is due simply to differences in staff-child ratios and differences in prices around the country. Standard core programs which are well-staffed and located in major urban areas are likely to be quite expensive.

We investigated economies of scale: are big programs less expensive per child? Is there an optimum size for a child care center? Across the board, larger centers cost a little less per child, but this finding must be carefully considered. Larger centers seem to find it harder to provide quality child care even when they can maintain favorable staff-child ratios. The apparent economy of spreading administrative overhead appears to result in problems related to the maintenance of quality. This is also important with respect to directors.



It may be that directors should not have to direct too large a program: even a limited program, to be really successful, needs large inputs of time, effort, energy, and spirit on the part of its director. We conclude that there is no certain optimum size for a center, but that smaller centers appear somewhat more attractive.

Home care systems in this survey offered warm, secure care which was almost always very near the children's own homes. Demand studies indicate that parents place high priority on child care close to home. Home care thus is particularly attractive, especially in isolated areas. However, home care was found to be almost as expensive as care in centers. (Home care of infants, mildly sick children, children with special problems, and children in hard-to-reach areas is less expensive than care for those children in centers.) Home care in the three systems studied also appeared to be seriously underfunded. Provider mothers (those who take children in) are paid far less than federal minimum wages, and the educational programs offered are very slim.

One way directors lighten the burden of child care expense is by recruiting volunteers and donations. Two-thirds of one of our budgets was "in-kind." On the average, almost one-quarter of all resources used by the centers in this study were not paid for. Most of these "volunteered resources" were people: directors working overtime, professional skills donated, volunteer staff. We did not cost the very extensive inputs from members of the centers' boards of directors, without whom many centers could not exist.

We learned comparatively little about the special problems of start-up, growth and longevity. Most centers were relatively new, but were past the start-up phase. Our chief finding about start-ups was to

e.g. Massachusetts Early Education Project, survey, op. cit.



illuminate the enormous effort required to start a center. At least one aggregate person-year of work is needed to get a center going. Growth costs are similar: it takes great energy to recruit sufficient resources for survival, much less stable growth. Our data indicate that systems have an advantage in terms of both growth and longevity.

Funding sources are presented in Table IV. The reader will note that the majority of the burden of child care expense in this study is not borne by parents. From the limited data of this survey, and as a rule of thumb, (considering country-wide demand for child care) the Abt staff concludes that quality child care is not, in general, financially profitable. From the point of view of society, it seems clear that child care, like public education, may be a social good appropriate for public support.

Summary

The center and home care arrangements we studied were diverse, but all required great human effort, and all were expensive. The director and staff of a child care center appear to be principal indicators of both quality and cost. Many programs were found to be very good and very expensive. It is doubtful that quality child care is widely suitable to a profit-making enterprise in view of the financial status of those who need it most.

Data indicate that on balance, smaller centers and well-funded home care are most attractive from the point of view of quality. These findings in turn suggest that some kind of system arrangement may be the best way to provide care to large numbers of children. Systems may also be better able to grow and survive, and since home care and small neighborhood centers can meet parental needs for care close to their own homes, child care systems are particularly worthy of attention.



APPENDIX A

BASIC DATA ON CENTERS AND SYSTEMS



APPENDIX A: BASIC DATA ON CENTERS AND SYSTEMS

Four tables are provided for the reader, with brief interpretations, which present basic data on the twenty child care centers studied. The data concerns:

General information on the programs

Notable elements of these programs

Distributions of child and family characteristics

Estimation of funding and expenditures

Table I - General Information

TABLE I presents a quick summary description of the centers studied. Sponsorship includes all segments of the economy. Most of the centers serve poverty populations. This fact is somewhat surprising, for although OEO funded the study, the centers were not in general explicitly selected because they served poverty populations.

Centers offering programs for all age ranges are included, though the bulk of the services offered are for pre-schoolers. Center hours seem rather short in some cases. If we consider that the parent will need time after delivering the child to the center to get to work, and time to get to the center to pick up the child, it appears that the center hours are such that a parent would have difficulty working full-time.

Table II - Notable Elements

TABLE II details the exemplary features of the centers studied. The failure to cite a center as having an exemplary feature does not necessarily mean that the center was of low quality in that respect, but rather that compared to other programs and to other features in that center it was more informative to feature something else. Similar



features have also been combined under general headings. We note that parent or community participation was broadly represented as exemplary, as was staff and career development. This finding is in accord with the fact that so many centers serve poverty populations and the OEO emphasis on community development.

Table III - Distributions

TABLE III presents capsule statistics describing each center. We note that centers tended to be moderate in size, although some very large systems were represented. Adult/child ratios and contact-hour ratios tended to be quite favorable (few children per staff). Contrary to expectation, child care is not primarily offered to children in single-parent households. A substantial number of complete families are represented.

Centers served a variety of ethnic groups, although considering center size, the largest number of children were Black. Blacks are, however, seriously under-represented on center staffs. Quality child care centers are not unlike other institutions in society and also appear to be somewhat slow to hire minority group members.

Table IV - Estimated Funding and Expenditures

TABLE IV summarizes center budgets. It shows expenditures, income and functional allocation of funds for each center or system. Unweighted center and system averages are also presented, although one should exercise care in interpreting them.



The number of children is given in terms of Average Daily Attendance (ADA) rather than enrollment. The number of staff is given in terms of full time equivalent staff (FTE) including volunteers. Forty hours of staff effort counts as one FTE. Thus, one FTE could represent one person working 40 hours, two persons working 20 hours each, etc.

We note considerable variation in costs per child, but in most cases they were somewhat higher than those usually cited in discussing child care. In part, this is due to the fact that a substantial portion of center costs are defrayed by using donated time and equipment. These donations were counted as expenditures. There are two reasons for this:

- 1. Experience with other programs indicates that as the supply of child care expands, volunteers, donated space, etc. will become scarce.
- 2. These donations do constitute a cost to society and are real even though it is not common to consider them.

For information on adjusting cost figures for regional variations, see Volume III of this study.

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Adult/Child Contact Hour Ratio	1/4.9	1/9.4	1/5.5	1/5.9	1/5.6	1//	1/4.2	1/5.5	1/4.1	1/5	1/4.2 1/	1/3.6 1/	1/4.5	1/2	1/2.6	1/6.7(2)	9/1 (1/4.3	1/4.6	1/5.7
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Table IV	1970-71 Estimated	Funding	A. Summary Data	Cost per Child/Year	Percent Budget for Personnel	B. Sources of Revenue	State and Local	Parent Feet	Other	In Kind	C. Total Budget (\$1000's)	D. Expenditures	Administration	Feeding	Health	Occupancy	Other: Transportation, Social Services, etc.			

APPENDIX B

SUMMARY DESCRIPTIONS AND COST DATA ON CENTERS AND SYSTEMS



APPENDIX B: SUMMARY DESCRIPTIONS AND COST DATA ON CENTERS AND SYSTEMS

CENTERS	Page
Amalgamated Day Care Center Chicago, Illinois	24
American Child Centers, Inc. Nashville, Tennessee	27
AVCO Day Care Center Boston, Massachusetts	30
Casper Day Care Center Casper, Wyoming	33
Central City Head Start Day Care Center Salt Lake City, Utah	35
5th City Pre-School Chicago, Illinois	38
Georgetown Day Care Center Washington, D. C.	41
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Holland Day Care Center Holland, Michigan	48
Syracuse Children's Center Syracuse, New York	50
Ute Indian Tribe Day Care Center Fort Duchesne, Utah	53
West 80th Street Day Care Center New York. New York	56



AMALGAMATED DAY CARE CENTER

Amalgamated Day Care Center, located on Chicago's West Side, is one of a very few day care centers operated by a labor union, and Amalgamated Clothing Workers of America (ACWA) is the only union in the country directly involved in its own day care programs. Day care is part of the comprehensive approach of the ACWA to meeting the needs of its members and their entire families.

The center is sponsored by the Amalgamated Social Benefits Association and the Chicago Joint Board of the ACWA. (Four other ACWA day care centers are located in the Baltimore, Md. area, sponsored by the Baltimore Joint Board.) The Chicago center is a pilot project, begun in March, 1970, and only the first of several centers to be established in the Chicago area. The success of the program to date can be attributed to the union's wholehearted commitment to the idea that day care is a social benefit to which working parents are fully entitled. This commitment is made operable through adequate financing and a competent staff.

Basic child care needs are met effectively in the day-to-day operations of the center. A core educational program for total child development is reinforced and expanded through staff meetings and frequent consultation between individual staff members, the director, and a part-time social worker. New facilities were built specifically for the center, and the union has spared no expense in providing equipment, materials, and staff necessary to meet the educational, nutritional, emotional, recreational, and health-care needs of the children.

In the union view, day care is a logical extension of its responsibility to help its members attain a better standard of living. The union feels that a better standard of living not only includes higher wages, shorter hours, paid vacations and holidays, insurance and retirement programs, but also better housing, equal opportunities, finer education,



and improved health care for the entire family. The union works for these social and economic benefits throughout the garment industry. At Amalgamated Day Care Center union operation in itself is a noteworthy feature; the following additional characteristics of the program warrant examination:

Financing-In the first year of operation, the center has had an open-ended budget; an experienced center director and a union administrator are developing a model center, from which reasonable budgets and guidelines for the operation of additional centers are being derived.

Educational Program -- Because of the model center aspect of Amalgamated, the director has been able to experiment with the most modern equipment and advanced materials in the field of day care. The director devotes about half her time to working with children and staff in the continuing development of a total child care program.

Health Care--Because the free union health clinic is located adjacent to the day care center, the children easily and conveniently receive complete medical and dental care, free of charge, which would not otherwise be available for children of union members under the age of 13.

AMALGAMATED ESTIMATED \$ AND IN-KIND EXPENDITURES 1970 - 71*

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AMERICAN CHILD CENTERS, INC. WOODMONT CENTER

Woodmont Center is the training and demonstration center for American Child Centers, Inc., a private, profit-making corporation which originally set out to market child care center franchises on a nationwide basis. The franchise concept was shelved when it became evident that ACC, Inc. would be unable to guarantee and maintain quality standards on its franchises, but not before \$1.5 million was spent on planning. The primary capital acquisition resulting from that \$1.5 million expenditure is a carefully drawn overall plan for all aspects of commercial day care center establishment and operation. Woodmont Center is a demonstration of the plan in action.

The location of Woodmont Center, and the cost of its services, make it suitable primarily for middle class families. Although it is within the possibility of each of these families to make other child care provisions (at home sitter, play groups, etc.), sometimes at a lower cost, the fact that they have placed their children at the day care center indicates a clear preference for the type of care offered there. Those responsible for the center feel that the provision of a day care facility where the middle-class mother can leave her children (trusting that it is to her advantage) frees her to use her energy and education in such a way as to be of benefit to both herself and the society. (Sixty-nine percent of center mothers work.) This they consider the indirect social benefit of providing a high price, high quality service.

The central impression the center makes is that of a luxury institution. Corporate management decided early on that the operation would have to sell quality if it were to succeed, and this, plus the Woodmont Center's demonstration role, have subtly colored its operation. The location and the newness of the center's physical facilities, the emphasis



on educational aspects of day care, and the efficiency of operation all contribute to an air of quality. That all this is possible within the realm of profitability is a tribute to both the careful preliminary planning that went into the center, and the effectiveness of the operating controls now placed on the center.

Because of the economic advantages of the client population, emphasis at Woodmont Center is on aspects of child care that go beyond basic physical needs. Health care and nutrition, for example, are not supplied on either a remedial or supplementary basis. (A suggestion that some medical care might be provided brought immediate protest from local physicians.) Emphasis is given, rather, to educational programs and to purposeful custodial care. Transportation is the parents' responsibility; health care is limited to emergency procedures and parental notification. Py contrast, in less basic areas, the center has its own ACC-prepared curriculum and educational materials, as well as a complete physical plant designed from the ground up to make maximum use of the proprietary educational materials and methods of the parent company.

Success of a profit-making child care operation comes from keeping its client children happy and involved, and its client parents satisfied not only with the general well-being of the children but also with their progress. The Notable Elements of Woodmont Center that provide that success are an exemplary physical plant and facilities, an extremely well-planned approach and development program, an inventive and challenging curriculum and staff deployment, and an efficient accounting/inventory system which helps keep costs low enough to make profit possible.

AMERICAN ESTIMATED S AND IN-KIND EXPENDITURES 1970 - 71*

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AVCO DAY CARE CENTER

The AVCO Day Care Center is located in AVCO's Dorchester printing plant. It is small, non-profit, and fairly new, having been in operation about a year and a half. Originally intended for the children of printing plant employees, part of the new building was specifically designed as a day care center. But partly because the plant is running at half capacity these days, only two of the center's 34 children have parents who work at AVCO. The rest of the kids come from the surrounding Roxbury-North Dorchester community.

The center is strong on social-emotional development for its children, particularly self-reliance. There is little of a formal education program as such, but field trips, games and toys, and a highly child-centered program all lend themselves to basic education. The two codirectors spend more time working with children than with administrative duties, thus supplementing the other four teachers.

Health care is provided by one of the co-directors, an R. N. who is also the AVCO plant's nurse. A consulting pediatrician visits once every two weeks for several hours. Food is purchased from the catering service located in the plant's cafeteria. The center has no transportation system; parents deliver and pick up their own children. There is no set hour when the children must be at the center. Thus parents have some flexibility in their arrival time. Generally speaking, space is adequate for the number of children enrolled, with four main indoor rooms and a grassy playground adjacent to the building.

Two interesting aspects of this center, which are dealt with in depth in the Notable Elements section of the report, are the following:

Staff--The center's small full-time staff of one Anglo and five Black teachers is racially balanced with the children served.

The center is very fortunate to have two young men teachers



who are good examples for the children, as well as two codirectors who work together in a very complementary fashion. Two other staffers, both women, are delightful people who relate well to the children. What is remarkable about this staff is a fortuitous mixture of personalities. All six staff members get along with each other very well, and this is something the children can sense. It makes for a warm, happy place.

AVCO Support -- Although it wasn't planned that way, the center is benefitting very few AVCO employees. Instead, the center is providing a badly needed service (the waiting list is about 300) to the Roxbury-North Dorchester community. The center has no legal ties with AVCO, but AVCO has given it space, seed money, the services of its janitorial, public relations, food, health and other corporate facilities, and continues to provide funds for large items needed.



AVCO ESTIMATED \$ AND IN-KIND EXPENDITURES 1970 - 71*

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CASPER DAY CARE CENTER

The Casper Day Care Center is a private, non-profit corporation located in Casper, Wyoming. Children and staff are housed in two church buildings about four blocks apart from each other and perhaps twice as far south of the center of the city. The center, operating with extremely limited funding, has made full use of every available source of donated time, money, facilities and equipment in order to provide child care services.

Basic child care is efficiently supplied for 10 toddlers, 66 pre-schoolers who come full-time, and fifteen school-age children who come before and after public school and for lunch. The educational program stresses the child's social and emotional development as well as language development, and health care is provided by a part-time nurse. A full-time buyer-nutritionist oversees the food service program. Facilities, space, equipment and materials are all adequate.

In addition to these aspects of the program, the center has developed the following noteworthy features:

Handicapped Program -- The center attempts to meet the needs of several physically and emotionally handicapped children, so that they can participate in normal day care activities.

Volunteers -- The entire program is dependent on a core of volunteers, both part - and full-time, involving Neighborhood Youth Corps workers, students, professionals and interested community people.

CASPER ESTIMATED \$ AND IN-KIND EXPENDITURES 1970 - 71*

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TOTALS	III. OCCUPANCY COSTS	E. Transportation	D. Health	II. VARYING C	C. Feeding	B. Administration	A. Child Ca	I. STANDARD CORE COSTS			TOTALS	Occupancy	Varying Core	SUMMARY:
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CENTRAL CITY HEAD START

Central City Head Start Day Care is located on the southeastern edge of Salt Lake City's business district. The center has made full use of, and has developed within, OEO Head Start guidelines. The success and quality of this center rest to a large extent on the particular operating styles of its personnel. Management depends heavily on the personalities of key staff, but it is noteworthy that at Central City the capacity to allow this personal style to develop and reach maximum effectiveness is built into the system itself.

Basic child care is efficiently supplied within the routine of center operations. Food service is by contract with the local school district. Educational needs are met by both external and center-developed educational programs used by head teacher-guidance teacher teams for each 15 children. Health care is provided by a part-time nurse who has been successful in getting private and public health agency sources to help with the center's children and parents.

The center has use of a good building, sufficient indoor and outdoor space, adequate storage, a workable transportation system.

The success of the broader range of services to parents and staff almost overshadows the center's basic day care capabilities. In developing the following noteworthy program features. Central City not only gives quality day care to its children, but also makes a sizeable contribution to the welfare of the surrounding community.

<u>Career Development</u>—By carefully following the intent of CAP guidelines, the center has consistently been able to fill most staff positions by promotion from within rather than outside hiring.

Parent Involvement -- The center has not only involved parents in the education of their own children, but has also established itself as a significant resource for center families.

<u>Cross-Cultural Education</u>--By matching staff composition to the ethnic balance of its client population, the center has capitalized on its rich racial and cultural mix to develop a continuing program of cross-cultural education for both parents and children.

<u>Health Care--</u>Careful cultivation of the larger medical community by center staff has resulted in a broad range of health care for the children and health counseling for center families.

Social Service Resources -- As a result of center liaison work, not only health care resources, but also vocational, housing, welfare, legal, social, and educational professionals and agencies are involved in giving direct aid to center families.

The bulk of this report deals with the center's strengths, because the overriding impression of the observers was one of success in day care.

CENTRAL CITY ESTIMATED \$ AND IN-KIND EXPENDITURES 1970 - 71*

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*** \$100.	\$ IN-KIN	\$ 8,300	5, 100	0		4,300	•	9, 900		900	1,000	4,800	\$34,000
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8 1.18	"					0		0				0	
7***7		\$ 57, 20	23, 80	8,30		10, 50	9, 60	15, 40		1, 10	7, 60	4, 80	\$134, 300
\$ 134, 300 \$	% OF TOTA	ng 43%	18%	%9		8%	8.	11%	COSTS	1%	%9	3%	100%
\$	D CORE COSTS	Sare and Teachin	istration	31	CORE COSTS		portation	CY COSTS	ENTAL SERVICE	r Development	Involvement	Service	ST
TOTALS	I. STANDAR	A. Child C	B. Admin	C. Feedin	II. VARYING	D. Health	E. Transp	III. OCCUPANO	IV. SUPPLEMI	F. Career	G. Parent	H. Social	TOTALS
	100 % \$ 134,500 \$ 4,746 \$ 1.10	JARD CORE COSTS	# # # # # # # # # # # # # # # # # # #	# # # # # # # # # # # # # # # # # # #	# Costs to nearest % to 1.00 % Costs to nearest % to 1.00 % to 1.0	## Child Care and Teaching B. Administration C. Feeding *Cost to nearest % to 1.0 *Cost to nearest	Contact Cont	STANDARD CORE COSTS # OF TOTAL TOTAL = \$COST + Costs to nearest A. ChildCare and Teaching 43% \$ 57,200 \$ 48,900 B. Administration 18% 23,800 18,700 C. Feeding 6% 8,300 8,300 VARYING CORE COSTS 6% 8,300 6,200 D. Health 8% 10,500 6,200 E. Transportation 4% 5,600 5,600	# Cost to nearest for the following states and teaching	### Control	#conta to nearest # # # # # # # # # # # # # # # # # # #	### Color	## Control

5TH CITY PRE-SCHOOL

The 5th City Pre-School Center is an integral part of the 5th City Community Reformulation Experiment, on the west side of Chicago. It is also financially, administratively, and operationally part of the Ecumenical Institute, a research and training center. The success and quality of this center must be viewed in the context of the Institute's commitment to the philosophy of mass education and "imaginal" education (education to improve self-image), enabling deprived children from poverty areas to cope with the world.

The pre-school and after-school programs have become a primary force in 5th City community reformulation. This particular center is a pilot program, part of a model developed over the past seven years to make the community organization and the pre-school program transferable to any depressed area anywhere in the world.

Basic child care is supplied within the routine of center operations, with food provided through the Institute kitchen and health care through the 5th City clinic. Educational needs are met by staff-developed curriculum, team-taught in a corporate decision-making system. Parent involvement and career development are also important parts of the overall program.

Facilities, space, equipment, materials are all inadequate; the staff simply copes with what they have. They are trained to use whatever materials are available; the transferability of the program is not dependent on monetary resources.

The following noteworthy elements being developed by the center contribute significantly to the development of the children and to the overall welfare of the 5th City community.



Curriculum and methodology--The curriculum and methodology for the 5th City center have been developed by the staff of the Institute and the center over the past four years to meet the specific educational needs of deprived children. This program is continually being expanded and refined by the center staff.

Staff training and development -- An intensive and ongoing training program for pre-school staff has been developed to allow the Institute to carry the program to other places. The program is designed so that local community members will eventually operate the center, as they do other aspects of the 5th City organization.

Community Reformulation -- The Pre-School Center represents only a portion of a vital and successful 5th City community which is designed to meet social, economic and cultural needs of the residents.

5TH CITY ESTIMATED \$ AND IN-KIND EXPENDITURES 1970 - 71*

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TOTALS	OCCUPANCY COSTS	E. Transportation	D. Health	L VARYING CORE COSTS	C. Feeding	B. Administration	A. Child Care and Teaching	I. STANDARD CORE COSTS			TOTALS 100%	Varying Core 1% Occupancy 10%	SUMMARY: % of total
100%	10%		1%		9%	11%	g 69%		% OF TOTAL		\$256,200	3, 900 25, 000	total cost \$227, 300
											\$1,301	20 127	cost/child year
\$256, 200 (100%)	25, 000		3,900		22, 700	28, 900	\$175, 700		TOTAL =		\$.75	.01	cost/child
\$91,200 (36%)	10,800	1	3,900		20, 800	11,200	\$44,500		\$ COST	*costs to % to 1.0			hour
\$165,000 (64%)	14, 200	•	t		1, 900	17, 700			+ \$ IN-KIND	*costs to nearest \$100, % to 1.0		90% of In-Kind 78% of Total (\$ + In-Kind)	Personnel costs make up: 54% of \$'s
				•:		41						5	13

GEORGETOWN DAY CARE CENTER

The Georgetown Day Care Center is very small (no more than twelve children at any one time) and housed in the Georgetown University Hospital. It began as a model integrated day care center for the children of working parents, sponsored jointly by the National Council of Jewish Women and the hospital, as part of the Georgetown University Affiliated Center for Child Development. The center also serves as a half-way house for handicapped children from the neighboring Diagnostic Nursery Center. There is a center pamphlet in the Appendix.

Basic child care is efficiently supplied within the routine of center operations. Educational needs are met by the teacher and the assistant teacher and food and health services are provided by the hospital. A social service worker and nutritionist, both full-time hospital staff, work with the center when needed. The center uses one room of the hospital, in a new section of the building, with adequate indoor and outdoor space and sufficient storage.

In addition to providing quality day care for the children, the dual funding and the half-way house function of this center are noteworthy program features.

<u>Dual Funding--Sponsorship</u> by a private organization and a large institution enables the center to meet the needs of a limited number of hospital employees in a convenient and economic manner, successfully combining private resources and institutional services and facilities.

Half-way House--As a half-way house the center offers normal day care activities to emotionally and physically handicapped children on a temporary basis, while adding to the already rich ethnic, social and economic mix of children.



GEORGETOWN ESTIMATED \$ AND IN-KIND EXPENDITURES 1970 - 71*

SUMMARY: % of total Standard Core 89% Varying Core -% Occupancy 11%
Core Core
of total 89% - %
\$27, 200 100 3, 500
cost/child year \$ 2,590 10 333
ld year
\$ 1.22 \$ 0.16
child hour 1. 22 - 0. 16
Personne 68 98
Personnel costs make up: 68% of \$'s 98% of In-Kind 75% of Total

ERIC Full Text Provided by ERIC

THE GREELEY PARENT CHILD CENTER

The Greeley Parent Child Center is a day care program for migrant seasonal and rural poor children and their families living in and around Greeley, Colorado. It is operated by the parents, with advice and assistance from the local community, a college and a university. It is an effective example of parent control and community involvement functioning smoothly in a new cooperative effort between Chicano migrant, rural, and Anglo communities.

The center sees itself as far more than a baby-sitting service. The center believes that it, "... provides an atmosphere conducive to the teaching of educational and social readiness for an optimum of forty children." The educational program is carried out by the director, the head teacher and two teacher aides. Health care is provided by a core of professional volunteers and food service is contracted for with the public schools. Outdoor and indoor space is adequate, with the building having just been remodeled by the center parents, as are materials and equipment.

In addition to meeting the basic child care needs there are two noteworthy elements at Greeley which are very closely linked. The first is parent control and the second is community involvement.

Parent Control-- The Chicano parents in Greeley, some active and others scatled out migrants, have formed a private, non-profit corporation to provide day care services for their children. They are involved in every aspect of the program as the governing body, as staff, and as workers-- remodeling, going to classes, fund-raising and socializing.

Community Involvement -- The Anglo community has formed an advisory board to the parent corporation providing competent, professional services, advice, technical assistance and resources, upon request, in a cooperative parent-community venture.



GREELEY ESTIMATED \$ AND IN-KIND EXPENDITURES 1970 - 71*

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TOTALS	Social Service	SUPPLEMENTAL SERVICE COSTS	OCCUPANCY COSTS	. Transportation	. Health	VARYING CORE COSTS	. Feeding	. Administration	. Child Care and Teaching	STANDARD CORE COSTS			TOTALS 100%	nental 1%	ncy 12%	g Core 14%	d Core 73%	(: % of total
10			-			rs		2		STS	% OF 7		\$54,900	600	6,400	7, 400	\$40,500	total cost
100% \$54,900 (100%)	1%	1%	12% 6,	5% 2,	9% 4,1		11% 6,400	27% 14,900	35% \$19,200		OF TOTAL TO		\$1,445	16	168	195	\$1,066	cost/cnild year
	600	600	6,400	2,600	4,800		400	900			TOTAL =		\$.89	.01	. 10	. 12	\$.66	cost/cniid
\$26,700 (49%)			4,600	1,800	1		6,300	1,400	\$12,600		\$ COST	#costs to						nout
\$28, 200 (51%)	600	600	1, 800	800	4,800		100	13,500	\$ 6,600		+ \$ IN-KIND	#costs to nearest \$100,		•	81% of Total	98% of In-Kind	63% of \$'s	Fer somer costs mare un

HAIGHT-ASHBURY CHILDREN'S CENTER

The Haight-Ashbury Children's Center, Inc. is a non-profit day care center in San Francisco's Haight-Ashbury section. It is a chaotic and vital place, with a young staff and young parents continually changing the program to better suit their needs. The style of operation is informal, the staff are very involved with the children (several teachers are young men), and the kids have a good deal of freedom in a loosely-structured and interesting curriculum.

Basic child care is efficiently accomplished in the center's routine operations. The nutrition program is compensatory for some children and maintenance-oriented for others. The center has an MD and a nurse on a consultant basis and arranges medical services for its families. The educational program is an adaptation of the British Infant School system and is taught by a staff of head and assistant teachers. The center has three buildings on the same small lot and has solved its lack of outdoor space by installing a large, multi-purpose play structure which allows children to climb, swing, hang, dance, teeter and play in many ways in a small space. The center does not have a transportation system because it is located in the community it serves. Most children walk to the center with their parents.

As with most quality centers, the program goes (ar beyond child care. The center is a clearing house for community information and assistance, with staff members concerned about improving the city's services to its poor. A full-time social worker is on hand to help parents find and benefit from the services available to them. In addition, the center does child care and job counseling, helps with family planning and



Since the center was visited there has been a considerable staff turnover, including the director. It is not known whether there has been a significant change in center operations.

health care, and leases space to community services in its building. The center's director is well-known in the California day care field and is an important resource for both staff and parents.

Several aspects of Haight-Ashbury's operation are particularly interesting and will be examined in detail in the <u>Notable Elements</u> section of this report.

<u>Curriculum</u>--A modification of the British Infant School system, in which each staff member is a specialist in some area -- stitchery, carpentry, science, mathematics, music, dance, and so on -- and develops the curriculum and materials for his own program. Children are free to pursue their own interests in the area of their choice, in an open-classroom, family grouping setup.

Staff--The staff is young and dynamic, very involved with the children and responsive to change. The center is fortunate to have several men to work with the children, and parents and staff work closely to provide field trips and special experiences for the children. The staff's style is warm and informal, and each person -- whether head teacher or para-professional teacher assistant -- has a great deal to offer the kids.

Parent Involvement—Parents directly control the program and policymaking of the center, screening, hiring and firing staff, budgeting and administering finances, planning the program and making changes where needed. Parents buy half-shares in the center and earn a return on their investment. While parent meetings are often chaotic and intense, large-scale parent participation is integral to this community operation.

HAIGHT-ASHBURY ESTIMATED \$ AND IN-KIND EXPENDITURES 1970 - 71*

Personnel costs make up:	78% of \$'s 92% of In-Kind 81% of Total (\$ + In-Kind)	*costs to nearest \$100, $\%$ to 1.0	+ \$ IN-KIND		\$12,600	10,000	009		14,300	1	6, 100		1, 200	4,500	\$49,300 (2"7)
cost/child hour Pe	1.27 0.12 0.20 0.12	1.71	= \$ COST		\$ 83,600	23, 300	24,600		•	•	18, 300	. *.	009	8, 700	\$159,100 (76%)
cost/child year	4	₩	TOTAL		\$ 96,200	33,300	25, 200		14,300	!	24, 400		1,800	13, 200	\$208, 400 (100%)
cost/c		\$3,895	% OF TOTAL		46%	16% -	12%		10 %	ı	12%		1%	%9	100%
total cost	\$ 154, 700 14,300 24,400 15,000	\$208,400	% OF	STS	ching			S		.*	;	VICE COSTS			
% of total	74% 7% 12% 77,	100%		STANDARD CORE COSTS	.A. Child Care and Tea	Administration	gu.	VARYING CORE COSTS	'n	Transportation	OCCUPANCY COSTS	SUPPLEMENTAL SERV	Staff Training	Parent Involvement	····.
STINGNA B V.	Standard Core Varying Core Occupancy Supplemental	TOTALS		1. STANDA	A. Child	B. Admi	C. Feeding	II. VARYING	D. Health	E. Trans	III. OCCUPAN	IV. SUPPLEM	F. Staff	G. Paren	TOTALS
£15	o ·				<u>.</u>	47 3	AAS) DIS	BAS		<u> </u>	ı		٠.	/

HOLLAND DAY CARE

The Holland, Michigan Day Care operation is a good example of a Head Start program which has followed OEO guidelines astutely and developed an effective day care service within that framework. While the program is not innovative or startlingly different, it is providing good care for children and has involved the community in such a way that relations between the migrant and the local populations have improved considerably. Moreover, the project is a very positive factor in the lives of the Chicano families it serves.

Basic child care is supplied in the routine operations of the project's two centers. Educational needs are met through close adherence to Head Start guidelines, while health care is provided by community professionals who volunteer their services. The nutrition program is planned and operated by two full-time cooks assisted by volunteers. The centers have the weekday use of two church buildings, sufficient indoor and outdoor space, adequate storage and a workable transportation system.

What makes the program hum, however, is the good working relationship between the Chicano community and the local townspeople. Their cooperative spirit is seen in the classroom, the parent organizations, the volunteer program, the policy advisory committee and the board of directors. It is not dealt with here as a separate noteworthy element, therefore, but as an integral part of each aspect of the day care program.

ESTIMATED \$ AND IN-KIND EXPENDITURES 1970 - 71* HOLLAND:

•				•														
Personnel costs make up:	81 % of \$'s	30 % of In-Kind	70 % of Total	(\$ + In-Kind)		*costs to nearest \$100, $\%$ to 1.0	CNIX-NI \$ +		\$11,000	400	1,400		1,000	800	21,800		300	\$36,700 (21%)
cost/child hour						*cost % to	\$ COST		\$70,600	12,600	23, 700		5, 300	8,400	2,100		11,500	\$134,200 (79%)
cost/c	\$ 0.96	0.13	0.19	0.09	\$ 1.37		"											
year							TOTAL		\$81,600	13,000	25, 100		6,300	9,200	23,900		11,800	\$170,900 (100%)
cost/child year	\$ 1,814	235	362	179	\$ 2,590		OTAL		7 0	%	%		%	%	9,0		%	
total cost	\$ 119,700	15,500	23,900	11,800	\$ 170,900		% OF TOTAL		47 %	æ	15 %	- .	4	ĸ	14	COSTS	.% L	100 %
% of total	% 02	% 6	14 %	2 %	100 %			1. STANDARD CORE COSTS	A. Child Care and Teaching	istration	50	VARYING CORE COSTS		Transportation	Y CCSTS	IV. SUPPLEMENTAL SERVICE	ervices	·
SUMMARY:	Standard Core	Varying Core	Occupancy	Supplemental	TOTALS		1	I. STANDAR	A. Child C	B. Administration	C. Feeding	II. VARYING	D. Health	E. Transp	III. OCCUPANCY CCSTS	V. SUPPLEME	F. Social Services	TOTALS
SUN	v)		•	(V)	ר						CAIE	<u> </u>	751		==			
						!			49	2	3. Y J	J.,71						

SYRACUSE UNIVERSITY CHILDREN'S CENTER

The Children's Center at Syracuse University is one phase of a university research study. The research focuses on a carefully selected group of low-income families and their children. The basic thrust of that research is to determine the effects of positive intervention in the development of the children. It is begun during the mother's pregnancy and carries on through the child's completion of Syracuse University Nursery School, with continued contact and follow-up well into the elementary grades.

This case study is concerned only with the Children's Center for infants and toddlers and the center's complementary home visit program. In looking at the center, especially in terms of replicability and costs, research has been treated separately, although research is a dominant force at the center. It should also be noted that although the project was started in 1964, the current director, who joined the staff in 1969, has broadened the scope of the project considerably. The center is still undergoing major expansion and adjustments.

The basic care provided by the Children's Center is augmented by a nutritional and educational program in the home. In addition to adequate food, health care, transportation and facilities, the following noteworthy features are found at Syracuse:

Child Development Trainer Program (CDT) -- A program of weekly home visits by a para-professional, begun during the mother's third to sixth month of pregnancy, to give educational, health and nutrition assistance to the families. This helps to build a bridge from the home to the child's anticipated enrollment in the day care center, which is then continued through the child's third, birthday.

Curriculum--The curriculum is divided into infant and toddler programs. "Infant Fold," as it is called, is a half-day program designed to give children between five and a half and sixteen months structured play, basic care, and contact with other young children of similar ages and abilities. For children from sixteen to thirty-six months, there is a full-day "Family Style" program designed to provide rich learning experiences in a homelike set up of various ages and abilities, with a good deal of choice given to children.

Generally, the observers felt that there was a tendency for the research focus to promote a rather clinical atmosphere, but this was offset by the high quality of care given children and their families.

SYRACUSE ESTIMATED S AND IN-KIND EXPENDITURES 1970 - 71*

	G. Re	ı	F. Ch	IV. SUPPL	ш. осси	—— Fi	٥	F	CA C.	ţ,	- A C	I. STAN	SUMMARY: Standard Core Varying Core Occupancy Supplemental SUB TOTAL Research TOTALS
TOTALS	Research	SUB TOTAL	Child Development Training Program (CDT)	SUPPLEMENTAL SERVICE COSTS	OCCUPANCY COSTS	Transportation	Health	VARYING CORE COSTS	Feeding	Administration	Child Care and Teaching	STANDARD CORE COSTS	7, of total ore 60 % ore 10 % sal 21 tal 21 AL 100 %
		100%	ning 21%	COSTS	. 9%	7 <i>m</i> ,	3%		6%	17%	g 37%	% OF TOTAL	\$194,300 31,000 30,200 68,100 \$323,600 105,400 \$429,000
₩.						·						. I	cost/child year \$ 2,112 337 328 740 \$ 3,517 1,146 \$ 4,663
\$429,000 (100%)	105, 400	\$323,600	68, 100		30, 200	20, 800	10,200		17,600	56, 300	\$120,400	TOTAL =	\$ i. 24 \$ i. 24 0. 20 0. 19 0. 43 \$ 2. 06 0. 67 \$ 2. 73
\$418,700 (98%)	105,400	\$313,200	68, 100		19, 900	20, 800	10, 200		17,600	56, 300	\$120,400	\$ COST	hou. tasec total; both *costs % to
\$10, 300 (2%)	j J	\$10,300	•		10,300	1	•		•	•	€9	+ \$ IN-KIND	Personnel costs make up: 79 % of \$'s 79 % of \$'s 0 % of In-Kind 77 % of Total 77 % of Total *based on overall (\$ + In-Kind) total; including research, both are 3% less. *costs to nearest \$100, % to 1.0

UTE INDIAN TRIBE DAY CARE CENTER

The Ute Indian Tribe Day Care Center in Fort Duchesne (doo-shane), Utah is a good example of a day care program which respects the needs and concerns of Indian and Anglo alike. Parents, staff and community members work together; there is little sense of one racial group serving another. Instead they meet on the common ground of a desire to give themselves and their children a chance -- a chance to develop individual abilities, understanding, confidence and self-reliance. The center is providing this opportunity to old and young alike.

Thirty Ute and Anglo children receive basic care, as well as a flexible education program, to which the children may respond without pressure. An attempt has been made to include many Indian activities in the program. Health care is provided by a part-time nurse and is supplemented by other community facilities. The nutrition program attempts to make up for deficiencies in the children's diets and to educate them in healthy eating habits. The center has no transportation system of its own which presents a problem for families living far away.

Three notable elements were observed at the Ute Indian Tribe Day Care Center. The first is the facility in which the program is housed, the second is the community's involvement in and control of the program, and third is a cultural curriculum developed for Ute children.

<u>Facility</u>--The center operates out of a friendly house which radiates the love and care which are given daily to its small visitors.

<u>Community Involvement and Control</u> -- Ute community members have played a meaningful role in the development and operation of the center.



<u>Cultural Curriculum</u>--An integral part of the center's activities is a bicultural, bilingual program designed to foster an understanding of and pride in the Ute Indian Tribe for both Indian and Anglo children.

The Ute Indian Tribe Day Care Program is not a pathbreaker, but it's not really supposed to be. Through parent and community involvement and career development programs, residents have been able to create something of their own for themselves and their children. It is working well and thus has provided important reinforcement for all participants, no matter what their age.



UTE INDIAN TRIBE ESTIMATED \$ AND IN-KIND EXPENDITURES 1970-71*

Personnel costs make up 80 % of \$'s 73 % of In-Kind 78 % of Total (\$ + In-Kind) *costs to nearest \$100, % to 1.0	+ \$ IN-KIND	¢.4 200		4, 100	4, 100	9 200	•	:	9,600	\$25, 500 (33%)
\$ 1.23 .23 .13 \$ 1.59	= \$ COST		\$26,000	10, 800	10,600	4,600		.	. •	\$52,000 (67%)
\$2,781 \$ 1. 516 307 \$3,604 \$ 1.	TOTAL		\$30, 200	14, 900	14, 709	:	11, 100	•	6,600	\$77,500 (100%)
\$59,800 \$2 11,100 6,600	% OF TOTAL	S	39% gui	%61	19%		14%	•	%	100%
TOTALS		. STANDARD CORE COST	A. Child Care and Teaching	B. Administration	C. Feeding	II. VARYING JORE COSTS	D. Health	E. Transportation	OCCUPANCY COSTS	TOTALS
SUMMARY: Standard Core Varying Core Occupancy TOTALS		I. ST	· .		บ่ เมษว	H Valc		ម ់ 	111. 00	1

WEST 80th STREET DAY CARE CENTER

The West 80th Street Day Care Center is a community-controlled program in the heart of one of Manhattan's Black and Spanish-speaking ghettos. The center is dedicated to self-pride, self-determination, and the promotion of more effective social services for its community. The center's administration and the neighborhood are very closely allied. Together, they have fought city hall on a number of issues, and their perseverance has paid off. They have managed to continue their programs of education and community help while receiving funds through the New York City Department of Social Services. The center has given its parents and children a good program on a shoestring budget, thanks to a hard working, outspoken staff.

The center's children are given breakfast, lunch and snacks daily, within a compensatory nutrition program. Health care and a health insurance plan are provided, as well as an educational program based on life in the community and taught by community members. The most important aspects of the educational program are the twin goals of assisting kids to build good self-images and sharpening their verbal skills to help them deal with "the system" later on.

The center's building is in poor shape, but the community has raised the money to renovate a nearby structure, and they will be moving shortly. Just as meeting funding and bureaucractic problems have drawn the community closer, solving the inadequate building appears to have strengthened the confidence and determination of center people. They have operated a program for four years under adverse conditions. They believe they can accomplish anything.

The center goes far beyond basic day care operations. It helps community people--not all of them parents--find decent housing and jobs, and get the social services they need. It also makes sure,



through personal efforts, that those services are rendered appropriately and quickly. The center conducts job training and community organization efforts to help residents improve their own lives. Self-determination and self-help are the bywords--the center refuses to be a crutch.

The following aspects of the program seem particularly well handled:

Community Control -- The center is governed by a Parent Governing Board composed totally of parents. It resolutely follows its own, not the city's guidelines on staffing, fees, curriculum and budgetary matters, feeling that community members alone can decide what they want and how they want it done. As a result, the center has hired community members with much to offer the children where a lack of paper qualifications would have ruled them out as teachers.

Educational Program -- The center's staff uses the community as its curriculum. Children learn about their neighborhood and the way the city works by going out into it and experiencing it firsthand. Teachers have freedom to use whatever materials they wish as they illustrate the concepts they have selected. Since the children are taught by community members they know (assisted by mothers and interested residents with special skills), they come to feel part of a vital, important process.

Community Organization—The center is active in all facets of community life. It has organized programs to provide better housing and jobs, to expose racial discrimination and poverty in the area and has been instrumental in changing city and state government attitudes, organization and regulations. It has been a practical help and an inspiration to many other community groups in forming day care centers and community-controlled schools.



WEST 80th STREET ESTIMATED \$ AND IN-KIND EXPENDITURES 1970 - 71*

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			SU	_	•		Ħ.						Supp	Occi	Var	Stan	SUMMARY:
-	ıt-Cc	areer De	PPLEMENT	OCCUPANCY COSTS	E. Transportation	D. Health	VARYING CORE COSTS	C. Feeding	B. Administration	A. Child Car	STANDARD (TOTALS	Supplemental	Occupancy	Varying Core	Standard Core	
rice	mmunity Orga	velopment	[AL SERVICE	COSTS	tation		RE COSTS		ration	e and Teachin	CORE COSTS	100%	13.4%	11.6%	2.6%	72.4%	% of total
2.	nization 7.	ພ	sisoo	11.		2.		7.	10.		% OF	\$ 155,500	20,800	18,000	4,000	\$112,700	total cost
3%	2m	8%		69%	•	6 or.		1 0.	707.	, 79 ⁷ .	TOTAL	. \$4,147	555	.480	107	\$3,005	cost/child year
3,600	11, 200	6,000		18,000	ı	4,000		11,000	16,600	\$ K5, 100	TOTAL.						
										. (A	H	\$ 1.90	. 25	. 22	. 05	\$ 1.38	cost/child hour
3,600	8,300	ا ت		11, 700	i .	1		10,400	13, 700	65, 500	\$ COST	*cost % to					hour
											+ !	s to neare:		73.0	64. 1	76.3	Personne
•	2, 900	6,000		6,300		4, 000	,	600	2, 900	\$19,500	\$ IN-KIND	it \$100.	(\$ + In-K	% of Total	% of In-Kind	% of \$'s	Personnel costs make up:
								5	8				ind)				up
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Berkeley Children's Centers Berkeley, California	60
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BERKELEY CHILDREN'S CENTERS

The Berkeley Unified School District's Office of Early Childhood Education operates seven day care centers (three pre-school and four school age) in the Berkeley area. (The Parent Participation Nursery Class program is not covered in this study.) We studied two of the three pre-school day care centers in depth and were impressed not only with the programs in both, but with the overall system of child care in Berkeley.

Basic child care is very efficiently supplied within the routine of the centers' operations. Food service is under the auspices of the school district. A cook in each center prepares the hot lunch and snacks served daily. Educational needs are met by a program which allows children to choose from a wide range of activities, using a highly qualified teaching staff as resource people. Health care is provided by the school district. Specialized personnel such as music teachers, guidance, nursing and social work professionals are shared by the centers.

The system has good buildings, sufficient indoor and outdoor space, and at least two of the centers have very good playgrounds thanks to parent, staff and community cooperation. All centers have an abundance of materials and equipment for their children. There is, unfortunately, no transportation system.

Staff and children are ethnically balanced in each center. Most centers are small (about 35 children), and the program is carefully individualized to each child's needs. While parent participation has been limited in the past, this aspect of the program is said to be expanding. Parents currently have a voice but no decision-making power. This seems to be partly a result of the centralization of many aspects of center operation, and partly because the system runs very smoothly and outside assistance does not seem to be needed. The most interesting aspect of the overall program was, to us, the system itself.



Early Childhood Education System—The system has attracted a corps of qualified teachers with an excellent pay scale, reasonable working hours and conditions and three—month paid vacations each year, among other liberal benefits. A central office coordinates the centers, handles their maintenance, accounting, purchasing, nutrition, staff hiring, firing, salaries and promotions, among other things. Each center has a good deal of autonomy in developing and implementing its own programs.

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BERKELEY ESTIMATED \$ AND IN-KIND EXPENDITURES 1970 - 71*

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TOTALS	F. Social Service	SUPPLEMENTAL SERVICE COSTS	OCCUPANCY COSTS	E. Transportation	D. Health	VARYING CORE COSTS	C. Feeding	B. Administration	A. Child Car		TOTALS	Occupancy Supplemental	Varying Core	Core
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FAMILY DAY CARE

The Family Day Care Career Program, commonly known as FDC, is a system of organized home care with 21 sub-centers located in New York City communities, each administering 40 to 60 homes in the neighborhoods they serve. The sub-centers are coordinated by a central office which provides technical support to the centers.

The central administration consists of an overall director, her assistant, four technical assistants and three clerks. At each sub-center level, a director, day care counselors and aides, educational aides and specialized consultants support the work of teacher mothers who take children into their own homes, and career mothers who are working and need day care.

The system is large but warm; drawing its character from the gracious and devoted people who make it run on a very limited budget. They do this by being deeply involved with the system, giving out of their own pockets and putting in long and physically exhausting hours without overtime compensation. Family Day Care is a unique community of people who have banded together to help each other. There do not seem to be any major problems which couldn't be solved with adequate funding.

Basic child care is accomplished in day homes licensed for space and sanitary facilities by the city and state. Enrollment is limited to six children in a home, including those of the teacher mother. There is often a mixture of ages and ethnic backgrounds. Teacher mothers provide hot lunches and two snacks daily on an inadequate budget of \$15 per child per month. Children and all members of their immediate families are required to have physical examinations before entering the program; centers help with such arrangements. Parents are also responsible for taking children to and from the day homes (usually located close to the parent home). The educational program is severely limited by



underfunding: there are few materials available, although teacher mothers are assisted 8 hours each week by sub-center educational aides, and are provided with lists of activities for children. There are also excursions and activities arranged by the sub-centers which involve all the children in the program. The following aspects of the program are noteworthy:

Human Returns -- What is remarkable about Family Day Care are the gains made by women who now have a purpose in life -- whether being able to work outside the home to support their families or taking care of children in their own homes for a small salary. In both cases, the program has given there women self-esteem and a new direction in their lives.

Making Do--Also remarkable is the fact that the program manages to function at all with the financial restraints placed on staff. Funds are received late; are unstable; are insufficient. Staff members at all levels work over-time and spend their own salaries because they are dedicated to this program.

Ease of Transportation--In most cases, career mothers are able to take their children to a child care home very nearby, sometimes within the same apartment building.

Responsive and Stable Growth--Family Day Care is accepting approximately 100 to 200 new children a month (increasing recently at about 1% per month). There is a waiting list of approximately 800 children who cannot be placed due to insufficient funds and staff. The swift and steady growth of the system is characterized by remarkable responsiveness to community need without loss of organizational stability.



Career Development—The Family Day Care Career Program helps women to improve and practice their skills in homemaking, child care, and outside jobs. Hundreds of families have left the welfare rolls as mothers have been able to seek and find new careers. Internal advancement in the system has meant promotion for many FDC mothers; hundreds of women have gotten outside jobs after joining FDC as career mothers.

I. FAMILY DAY CARE SYSTEM ESTIMATED \$ AND IN-KIND EXPENDITURES 1970-71* (Excludes In-Kind estimate of Teacher-Mother time and facilities underpayment)

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TOTALS	SUPPLEME	OCCUPANCY COSTS	E. Transp	D. Health	C. Feeding	B. Admini	A. Child C	STANDARD	Core Core cy ental
	SUPPLEMENTAL SERVICE COSTS F. Career Development	SLSOO AS	Transportation	VARYING CORE COSTS D. Health		Administration	Child Care and Teaching	STANDARD CORE COSTS	% of total 89% 3% 3% 5% 100%
10					. 23%	2 7%	ng 3 <i>9%</i>	% OF TOTAL	total cost \$7,270,800 218,200 238,000 436,300 \$8,163,300
100%	5 a	3%	•	30%	39	ra/o	10%	OTAL	cost/child year \$ 2,037 61 67 122 \$ 2,287
\$8, 163, 000 (100%)	433,600	238, 400	•	218, 200	1, 406, 300	2, 190, 100	\$3, 176, 400	TOTAL	
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\$6,550,800 (80%)	235, 300	217,000	•	168,600	1,606,500	1,812,000	, 511, 400	\$ COST	*cost
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\$1,612,200 (20%)	198, 300	21,400	•	49,600	299, 900	378,000	\$ 665,000	\$ IN-KIND	Personnel costs make up: 82% of \$'s 46% of In-Kind 75% of Total (\$ + In-Kind) % to 1.0
<u>IC</u>						6		·	ig)
THREE BY ENIX					•	6	7		

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THE RURAL CHILD CARE PROJECT

The Rural Child Care Project operates nineteen day care centers scattered throughout nine counties in eastern Kentucky. From the beginning, even prior to its Head Start funding and guidelines concerning parental involvement, the project employed parents and community members as its center staff. In accord with its commitment to community development, and because of lack of formally qualified personnel in the rural areas, all teachers are para-professionals. Due to on-the-job training, continuing supervision and a low turnover rate, the center has developed an experienced and competent staff of community residents with little, if any, original formal training.

The centers deal with simple survival needs of the children: adequate nutrition, medical attention and referral, hygiene, and developmental problems geared to the needs of children growing up in a socially isolated and economically deprived areas. While the project has had to make do with whatever facilities were donated by the various communities; parents, staff and volunteers have put much effort into making them workable, cheerful and comfortable for children. Transportation, which was one of the major problems in using the centers, has been handled through the use of school buses and private cars of hired transportation aides and volunteer drivers.

Recognizing that a child's life will not be improved simply by taking him out of his home for a few hours daily, the project attaches major importance to improving the lives of center families. It does this through direct social services, including a highly successful homemaker program, and through extensive referrals to local agencies and resources.

Noteworthy features of the Rural Child Care Project are:



Social Services and Homemakers -- Project social workers and a personalized homemaking service combine to fill a variety of needs for center families and endeavor to promote improvement of living conditions through demonstration and teaching of practical skills.

Parent Involvement -- A large number of formerly geographically and socially isolated parents have been involved in center operations and decision-making. Parents have donated considerable time, energy and talent to decorating the centers and making play equipment for the children.

<u>Staff Development</u> -- Training has been large-scale and has overlapped so that para-professionals have skills in more than one job area. Career development through educational opportunities has resulted in extensive staff promotion.

Volunteers -- Volunteers from the community, as well as trainees in federally-sponsored programs help with every aspect of the project -- as center aides, clerical aides, social workers and transportation aides and homemakers. Their presence in the centers provides additional adult contact for the children.



KENTUCKY ESTIMATED S AND IN-KIND EXPENDITURES 1969 - 70*

Personnel costs make up:	74 % of \$'s	68 % of In-Kind	72 % of Total	(\$ + In-Kind)	*costs to nearest \$100, $\%$ to 1.0	+ \$ IN-KIND		\$ 100,000	•	•			ı	86, 900		28,000	•	54,000	\$268,900 (20%)
cost/child hour P			-44		·	\$ COST		\$ 209, 600	\$ 192,600	\$ 119, 700		13,900	73, 200	38, 200		235,000	66, 000	1	\$948,200 (80%)
	\$. 70	.10	. 14	.43	\$ 1.37	TOTAL		\$ 309,600	\$ 192,600	\$ 119, 700		13, 900	73, 200	125,100		263,000	000 '99	54,000	\$1, 217, 100 (100%)
cost/child year	\$ 1,361	190	274	838	\$ 2,663	% OF TOTAL		26%	16%	10%	·.	1%	%9	10%		22%	5%	4%	100% \$1
total cost	\$ 621,900	87,100	125, 100	383, 000	\$1,217,100	% OF 7	rs .							1	ICE COSTS		• ,	,	, . , .
% of total	52 %	2 %	10 %	31 %	100 %		STANDARD CORE COSTS	Child Care and Teaching	Administration	ling	VARYING CORE COSTS	th	Transportation	OCCUPANCY COSTS	SUPPLEMENTAL SERVICE COSTS	Social Services and Homemakers	Staff Development	Research	TOTALS
SUMMARY:	Standard Core	Varying Core	Occupancy	Supplemental	TOTALS		I. STANDA	A. Chile	я́.	C. Feeding	ij	D. Health	E. Tran	III. OCCUPA	IV. SUPPLE	F. Socia	G. Staff	H. Rese	TOT
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MECKLENBURG COUNTY DEPARTMENT OF SOCIAL SERVICES DAY CARE CENTERS

The day care program operated by the Mecklenburg County

Department of Social Services consists of three separate operations:

- 1. A system of nine day care centers located in and around the city of Charlotte, North Carolina and outlying towns. This system serves 239 toddlers and pre-schoolers, and is controlled, staffed, equipped and maintained by the department in churches, public school space, public housing projects and community buildings.
- 2. A system of five day care homes in Charlotte's Model Cities area, which serves 25 school-age children. The department contracts with, and supervises the care given by five women in their own homes. This small, new after-school program will soon be expanded.
- 3. A broad program of after-school care which is paid for by the department but operated by the YWCA in four facilities in the Model Cities neighborhoods. This system of Extended Day Care serves 200 school-age children, but is not covered in this case study since it is run entirely by the YWCA.

All three operations run year-round, and the department estimates that some 1,200 children are involved in some phase of its day care activities.

The day care centers are small, neighborhood programs housed in donated, leased and community-built space. Basic child needs are met through compensatory and maintenance nutrition programs, health care through each center's consulting pediatrician, education and social-emotional programs, and adequate space for physical development



activities. The centers are kept scrupulously neat and clean. Children can walk to almost all of the centers; where this is not possible, staff cars are used, and in one instance, the center operates a bus free of charge.

Parent needs are also considered important. The department assigns a case worker to each family to refer them to the various social services available in the community. In addition, centers provide some parent education and community organization through parent meetings.

Noteworthy aspects of the Mecklenburg County Day Care program which are treated in depth in the <u>Notable Elements</u> section of this report are the following:

Nutrition Program -- Both the content and the style of the nutrition programs in the centers are exemplary. Center teachers and cooks work together to introduce the children to new foods through pictures, stories, and growth cycle demonstrations. Some centers have gardens, tended by the children, which have furnished vegetables and flowers for center tables. Healthy attitudes toward food and eating fostered in this program have helped many children suffering from malnutrition and the eating anxieties associated with chronic hunger.

Private Home After-School Care -- The department contracts with five women to provide safe, pleasant places for schoolage children to spend their time until parents are finished work. Although there are educational activities for these children, the department is more interested in giving them an unstructured kind of experience after the regimentation of the school day. This program exposes children to new people and different styles of living, and children are encouraged to help with all aspects of family life.



MECKLENBURG ESTIMATED \$ AND IN-KIND EXPENDITURES 1970-71

SUMMARY: % of total total cost cost/child year cost/child hour Standard Core 85 % \$414,700 \$1,735 \$0.71 Varying Core 2 % 7,200 30 0.01 Occupancy 12 % 58,500 245 0.01 Supplemental 1 % 6,200 26 0.01 Supplemental 1 % 6,200 26 0.01 TOTALS 100 % \$486,600 \$2,036 0.83 TOTALS 100 % \$486,600 \$2,036 0.83 1. STANDARD CORE COSTS \$48% \$231,900 \$ B. Administration 23% 112,800 \$ C. Feeding 14% 70,000 \$ D. Health 1% 3,999 \$ E. Transportation 1% 3,999 IV. SUPPLEMENTAL SERVICE COSTS 12% 58,500 F. Staff Training 1% 6,200	(79 %)
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NEIGHBORHOOD CENTERS DAY CARE ASSOCIATION

The Neighborhood Centers Day Care Association (NCDCA) is part of a larger welfare organization, Neighborhood Centers, which provides many services in the Harris County area, funded largely by the United Fund and the Texas Department of Public Welfare. The day care segment of this organization operates eight centers and 179 day homes in Houston and Harris County, in a program with 18 years of successful experience behind it. The project is normally used as a standard upon which other day care efforts in the area are based, and, as a measure of its reputation for effective service, it was given a subcontract from OEO to develop 27 other day care centers in the area (NCDCA no longer maintains a connection with these centers). Both local and national organizing bodies recognize the long experience and smooth operation of the NCDCA approach as a model for day care in an urban-suburban setting.

The method of fulfilling children's basic day care needs at NCDCA has been adapted to the particular social and economic situation of the locale, and has been modified by the longevity of the program. An attempt is made to see that children are well-fed, adequately protected, and stimulated to develop a strong self-image and an attitude of healthy, imaginative inquiry. There are a great deal of educational and curriculum materials available to centers within the system; however, administrative emphasis is centered on developing the "total" child, rather than pouring a disproportionate amount of energy into strictly educational aspects of the program.

Among noteworthy features of the NCDCA program are the following:

Stability -- Low job turnover rates, an 18-year accumulation of experience within the system, and a tradition of adequate support from well-organized charity groups (mainly the United Fund),



have given the NCDCA system a high degree of stability.

Participant Security -- Although pay is low, the very stability of the operation removes many staff job pressures. Job security is high, and many staff members have long service records. The benefits accrue to both children and parents. Once a child is accepted, he or she may stay with the program despite changes of family status, a policy which enhances security of child and parent. The long service records also mean that parents and children come to know many staff members well over a period of years, and that staff members are well acquainted with the communities in which they work as well as with each other.

<u>Social Services</u> -- The welfare organization umbrella (Neighborhood Centers) provides a ready means of delivering social services and concentrates considerable energy and staff on that delivery. NCDCA uses that capability very well.

Day Home Care -- The extensive day home program used by NCDCA provides a ready means of expanding services and caring for more children without capital expenditure. The use of day homes has enabled the program to enroll approximately 200 per cent more children than center capacities would otherwise allow.

NEIGHBORHOOD CENTERS ESTIMATED \$ AND IN-KIND EXPENDITURES 1970 - 71

	76 % \$ 418,100 \$ 970 5 % 27,700 64 19 % 104,000 241 100% 549,700 1,275	\$38,500 1,099 \$1,088,200 \$1,170	COST OF THE EIGHT CENTERS	. STANDARD CORE COSTS	A. Child Care and Teaching 40%	Administration 22%	C. Feeding	Varying core costs	Health 2%	Transportation 3%	III. OCCUPANCY COSTS 19%	100%
r cost/child hour		. 56 . \$	CENTERS	TOTAL =	\$217,300	121, 700	79, 000		13, 200	14,500	104,000	\$549,700 (100%)
our Personnel costs make up:		*costs to nearest $$100$, % to 1.0		\$ COST + \$ IN-KIND	\$214,700 \$ 2,600	121, 700	3, 300		13, 200	14,500	75,000 29,000	\$514,800 \$34,900 (94%) (6%)

75

NORTHWEST RURAL OPPORTUNITIES DAY CARE SYSTEM

Northwest Rural Opportunities (NRO) is an umbrella migrant organization with four major social service programs, one of which is a day care operation. NRO's day care is a system of nine centers scattered through six counties in eastern Washington state. The centers are mostly mobile trailers on permanent sites, and the project serves the children of migrant families who stream north from Texas and California each year to harvest the crops. NRO's day care system is an efficient and quality service providing year round care and education for disadvantaged children with special language and learning problems.

Basic child care is accomplished in the routine of each center's operation. Health care is supervised by local departments of health and MDs who donate their services. Each center has a full-time cook who prepares meals in trailer kitchens. Food programs are compensatory and meet USDA standards. Educational needs are met through a new curriculum based on the special needs of NRO's children, taught by lead and assistant teachers, with trainee and volunteer help.

In addition to child development services, the larger NRO organization provides migrant families with direct services in the areas of self-help housing, adult education and economic development. Centers refer families to help from community agencies and smooth their way.

The following aspects of NRO's day care operation are particularly interesting and will be dealt with in the <u>Notable Elements</u> section of this report:

<u>Facilities</u>--The system uses 21 trailers specially designed for day care and built at a cost of between \$9,000 and \$10,000 apiece.



They provide centers for eight of the communities, are clean, well-equipped, and meet state and federal licensing regulations.

Educational Program--NRO's child development specialist and two outside consultants have developed a curriculum directed specifically at the learning and language problems of migrant children. The curriculum was developed at minimum cost and is being implemented along with a teacher training program.

Teacher Training—Seventy percent of the project's staff is drawn from the migrant community and is receiving in-service and formal training in teaching the project's new curriculum.

VISTA teacher volunteers are conducting workshops and monitoring implementation of teaching strategies in the classrooms.

NRO ESTIMATED \$ AND IN-KIND EXPENDITURES 1970 - 71*

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TOTALS	G. Social Service	F. Career (Teach	UPPLEME	OCCUPANCY COSTS	. Transportation	. Health	ARYING C	. Feeding	. Administration		TANDARD		Core Core cy ental
	Service	Career Development (Teacher Training)	SUPPLEMENTAL SERVICE COSTS	Y COSTS	ortation		VARYING CORE COSTS		stration	Child Care and Teaching	STANDARD CORE COSTS		% of total 77% 6% 12% 5% 100%
100%	1%	4%	E COSTS	12%	•	6 <i>0</i> ,0		15%	18%	ing 44%		% OF TOTAL	total cost \$492,800 36,500 78,000 33,900 \$641,200
									٠.			OTAL	cost/child year \$1,159 86 184 80 \$1,509
\$641, 200 (100%)	8, 400	25,500		78,000	1,	36, 500		95, 800	113, 200	\$283,800		TOTAL	
												11	\$ 0.45 \$ 0.03 0.07 0.03 \$ 0.58
\$564, 500 (88%)	8, 400	25, 500		66, 500	, đ	31, 200		89, 100	112, 500	\$231,300		\$ COST	
		-										+	Personnel costs 81% of \$'s 77% of In-80% of To (\$ + costs to nearest \$100, % to 1.0
\$76, 700 (12%)	•	•		11,500		5, 300		6, 700	700	\$52,500		\$ IN-KIND	Personnel costs make up: 81% of \$'s 77% of In-Kind 80% of Total (\$+In-Kind) to nearest \$100, 1.0
		.;	. - ·						7	8			प्रदे) हि

SPRINGFIELD DAY NURSERY SYSTEM

The Springfield Day Nursery system has four child care operations -- a day nursery, a kindergarten, a junior workshop for handicapped children (half-day) and the Brightwood Day Care center.

Brightwood, which we studied in depth, is located in a renovated industrial plant in the midst of a low-income housing development, assorted factories and unidentified brick buildings. With very limited funds, the center staff has tried to brighten up the building's interior, but the flourescent lights, tile and cinder block walls, high ceilings and sparsely furnished rooms seem bleakly institutional. The center's children are drawn from the low-income neighborhood surrounding the factory/center complex.

Since more than half the children are Spanish-speaking, classes are bilingual. Each classroom has an English and a Spanish-speaking teacher. Health care is provided by the system's part-time nurse and physician who are on call. Food is prepared in the center by a part-time cook who serves breakfast, lunch and two snacks daily. Because the center serves the local neighborhood, there is no transportation system: parents must deliver and pick up their children each day. The center is spacious and includes three main classrooms as well as numerous smaller rooms used as teaching and activity areas.

An advisory board was being set up when we visited the center (which had only been in operation three months), to be composed of parents, community and professional people. Parent involvement in the initial planning and operations of the center was limited. Bright-wood's center director serves as social caseworker for the Brightwood families with the assistance of a bilingual parent coordinator.

The Springfield Day Nursery System retains a half-time social worker to help parents find and use the assistance available in the



community. Literature about the Junior Workshop and the Day Nursery is included in the Appendix.

The Brightwood Center is noteworthy in that it offers:

Bilingual Education -- Half the teaching staff speaks Spanish fluently, and the rest make an effort to learn at least marginal Spanish. Many of the Brightwood's children are new arrivals to the United States, and the bilingual approach eases the transition for them. Staff members attempt to build a sense of positive self image in the children by reinforcing their attempts to speak English, helping them when they cannot grasp concepts, and by introducing different aspects of the Spanish culture into the curriculum. English-speaking children, on the other hand, are learning some Spanish.

SPRINGFIELD SYSTEM ESTIMATED \$ AND IN-KIND EXPENDITURES 1970 - 71*

\$ 1,665 \$ 0.85	TOTAL = \$ COST + \$ IN-KIND		\$103,300 \$89,400 \$13,900	47, 200 47, 209	25,500 24,100 1,400		1, 700 1, 700	i.	43,800 32,300 11,500		2,900 2,900	4,300 4,300	3,600 3,600
\$176,000 \$ 1,665 1,700 \$ 1,665 1,700 16 43,800 414 10,800 102 \$232,300 \$ 2,197	% OF TOTAL		44%	20%	11%		1%	•	19%	OSTS	1%	2%	2%
SUMMARY: % of total total Standard Core 75% \$17 Varying Core 1% \$17 Occupancy 19% \$15 Supplemental 5% \$25 TOTALS 100% \$25		STANDARD CORE COSTS	A. Child Care and Teaching	B. Administration	C. Feeding	II. VARYING CORE COSTS	D. Health	E. Transportation	OCCUPANCY COSTS	IV. SUPPLEMENTAL SERVICE COSTS		G. Parent Involvement	